

Presenter

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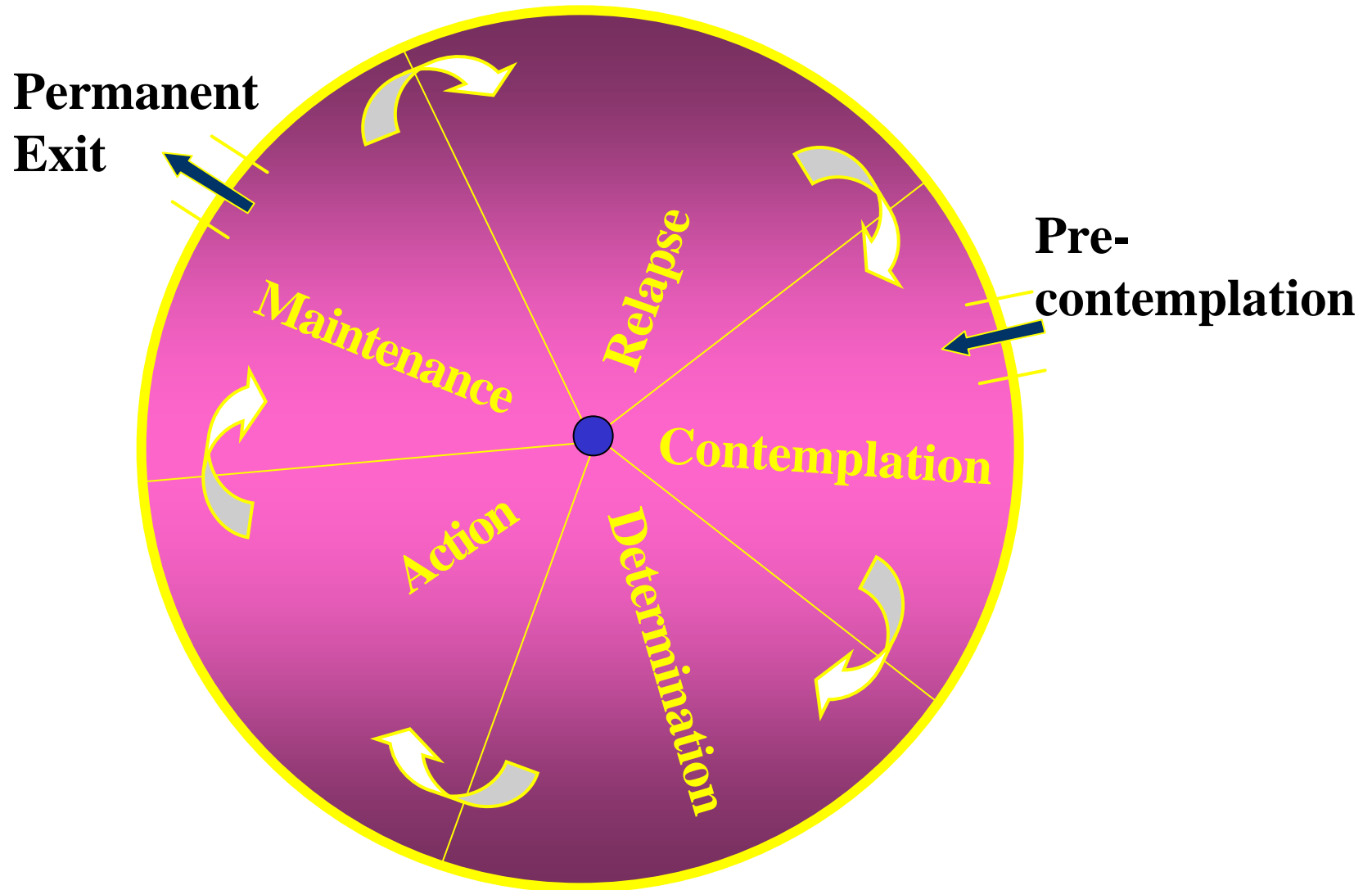
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Why Use a Change Model?

- ◆ **Conceptual framework**
- ◆ **Enhances change process**
- ◆ **Recognize needs of clients**
- ◆ **Cooperative, collaborative, strength based**
- ◆ **Solution focused**
- ◆ **Non-pathological**

Stages in the Process of Change



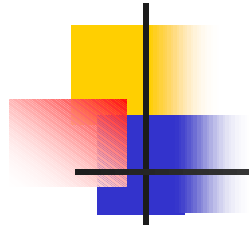
Stages of Change

- Pre-contemplation
- Contemplation
- Determination/Preparation
- Action
- Maintenance
- Termination
- Relapse

Prochaska & DiClemente, 1982

Stages of Change

- **Sequence of stages through which individuals move as they progress in changing behavior**
- **Each stage incorporates certain change “processes”**
- **Most change is circular - requires several attempts before success**
- **Stages consistent across range of problems**
- **Stage of change better predictor of outcome than severity of disorder**



Processes of Change

■ Cognitive

- Consciousness raising
- Dramatic relief
- Environmental reevaluation
- Social liberation
- Self-reevaluation

■ Behavioral

- Helping relationships
- Stimulus control
- Counter conditioning
- Reinforcement management
- Self-liberation

Traditional Treatment

- Disease concept emphasizes powerlessness
- Importance of acceptance of “addict” label
- Distrust of client self-report
- Resistance is seen as denial - attributes of addiction
- “Breaking down denial” primary objective
- Resistance met with confrontation / correction

Changes in Addiction Field

- Shift from simplistic models of addiction to “Bio-psycho-social” perspective
- Focus on client competencies and strengths
- Individualized and client centered treatment
- Shift away from labeling
- Use of empathy, not authority and power
- Integration with other treatment disciplines



What is Motivational Interviewing?

Strategies and Spirit



What Motivational Interviewing IS

- Learnable and specific intervention
- Derived from data-based clinical interventions
- Supported by research
- A way of being with clients

Motivational Psychology

Borrowed elements from studies of cognitive elements that influence “motivation”

- Cognitive Dissonance (Festinger, 1957)
- Self-perception (Bem, 1965)
- Self efficacy (Bandura, 1977)
- Decision-making theory (Janis & Mann, 1977)
- Alcohol / Drug Expectancy (Brown, 1980)



Evidence of Effectiveness of MI

- MI as core element of brief motivational interventions or motivational enhancement therapy
- Miller et al., 2003 review of alcohol tx lit.
- Dunn, DeRoo, & Rivara 2001
- Burke et al, 2002
- Bibliography at www.motivationalinterview.org (29 pages)



Effectiveness of Brief Motivational Interventions

- Miller 2003 Brief interventions N=34 (CES 390), MET N=18 (CES 189)
- Burke et al, 2002 reviewed 26 studies of subs abuse, tx compliance w/dually dg pts (N=2), HIV risk behaviors (N=2), Diet, Exercise, lifestyle change (N=4), Eating disorders (N=1)



What Motivational Interviewing is NOT

- Not a substitute for clinical judgement and training
- Not the usual approach to persuasion
- Purely client-centered therapy
 - MI is directive towards resolving ambivalence



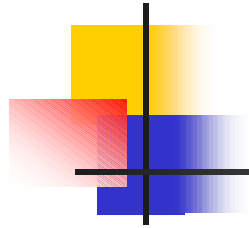
What Motivational Interviewing is NOT

- The right thing for every client you see
- Not a panacea for all client resistance and ambivalence
 - client motivation X therapist skill = outcomes
- Not necessarily a stand-alone intervention (likely one of many useful approaches)
- Not particularly high risk (an initial strategy of low toxicity)



The Spirit of Motivational Interviewing

A Way of Being With Clients



In Motivational Interviewing:

- Motivation is elicited from the client and not imposed from without
- It is the client's task, not the interviewer's, to articulate and resolve ambivalence
- Direct persuasion is not an effective method for resolving ambivalence



In MI

- The counseling style is generally a quiet and eliciting one
- The counselor is directive in helping the client to examine and resolve ambivalence
- Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction
- The therapeutic relationship is more like a partnership than an expert/recipient exchange

Spirit of MI/MET

- **Focus on client's concerns**
- **Arguments for change elicited from client**
- **Counselor helps client resolve ambivalence**
- **Direct persuasion, confrontation & argumentation are avoided**
- **Therapeutic relationship is partnership**

Characteristics of MI/MET

Focus on client's concerns

**Yet counselor has sense
of purpose and direction**

**Combines directive and
non-directive approaches**

Characteristics of MI/MET

Goal: Help clients clarify values

And amplify discrepancy

Between values and behavior

Defining MI

- Interpersonal style
 - “A way of being with clients”
 - Blends directive & client centered approaches
 - Shaped by an understanding of what triggers change
 - Incorporates specific interpersonal strategies

MI / MET General Principles

The clinician practices motivational interviewing (MET) with five general principles in mind:

- 1. Express empathy through reflective listening.**
- 2. Develop discrepancy between clients' goals or values and their current behavior.**
- 3. Avoid argument and direct confrontation.**
- 4. Adjust to client resistance rather than opposing it directly.**
- 5. Support self-efficacy and optimism.**

Traditional View of Motivation

- Static “*TRAIT*” or disposition that a person either has or does not have (eg. addictive personality)
 - Reflected in the degree to which client agrees with perspective of the counselor
 - Agreement on goals of treatment

New View of Motivation

PROBABILITY that a client will engage in a particular behavior

“STATE” (rather than trait)

- **determined by multiple factors**
- **dynamic and fluctuating**
- **influenced by social interactions**
- **can be modified**
- **influenced by clinician style**

Definition of Motivation

Motivation:

**A probability that a client
will engage in a particular
behavior**

Definition of Motivation

Motivation:

**Is a STATE of readiness to
change. May fluctuate over
time and situations**

Motivation

Motivation is a key to change.

Motivation is multidimensional.

Motivation is dynamic and fluctuating.

Motivation is influenced by social interactions.

Motivation can be modified.

Motivation is influenced by the clinician's style.

The clinician's task is to elicit and enhance motivation.

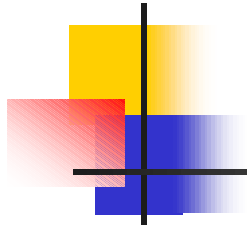
Basic Motivational Strategies

- **Ask open ended questions**
- **Listen reflectively**
- **Affirm**
- **Summarize**
- **Elicit self motivational statements**



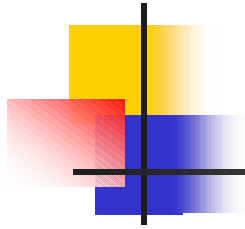
Five Initial Strategies for Using Motivational Interviewing

Using your OARS



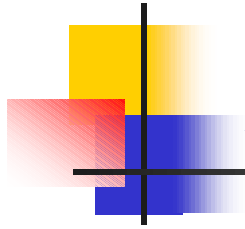
OARS

- Open-ended questions
- Affirm
- Reflect
- Summarize



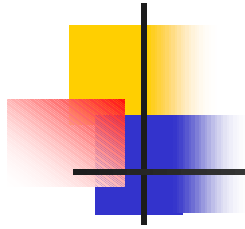
O. Open-ended Questions

- client should do most of the talking
- most useful early in session
- opportunity to ask for the “other side of the coin”
- what is an open-ended question?



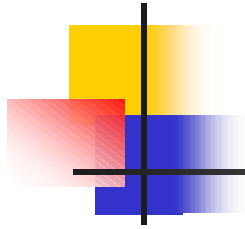
A. Affirm

- finding something positive about client's behavior
- making that finding verbally explicit
- genuineness is critical
- what if I can't find anything positive about my clients?



R. Reflect

- various levels of reflection
- best to start with simplest and move forward as rapport builds
- good follow up to open-ended question



S. Summarize

- indicates attentiveness on part of interviewer
- allows therapists to consolidate information
- builds discrepancy
- when to summarize...

Video example: WR Miller using OARS



Four Principles of Motivational Interviewing

R-E-D-S



R: Roll with Resistance

- Reluctance and ambivalence are to be acknowledged (and even respected) and not confronted directly
- Questions and problems may be turned back to the client for solution
- Explicit permission is given to disregard what the interviewer is saying
- Resistance supplies energy which can be used therapeutically



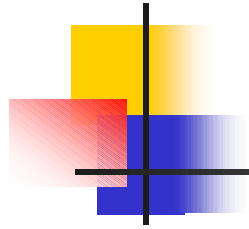
E: Express Empathy

- Therapist empathy repeatedly shown to be predictor of client success in changing addictive behavior
- The operational definition of empathy is reflective listening
- Empathy indicates that the speaker has been understood



D: Develop Discrepancy

- The discrepancy between client values and current behavior is the location of fruitful therapeutic work
- Weighing pros and cons in nonjudgmental fashion will facilitate this discrepancy
- The client, not the therapist, must verbalize arguments for change



S: Support Self-efficacy

- Efficacy is the belief that a person can make a specific change
- Robust predictor of outcomes with a variety of clinical problems
- Interviewers may search for optimism in client's previous successes



Support Self-efficacy

- **Belief in the possibility of change is an important motivator**
- **The client is responsible for choosing and carrying out personal change**
- **There is hope in the range of alternative approaches available**



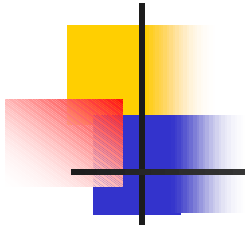
Elicit Talking about Change: Using direction

- arranging conversation so that client makes argument for change
- several strategies to elicit self-motivational statements
- easiest is to ask questions which elicit concern, intent to change and optimism



Evocative questions

- Ask directly about concerns, problems, etc.
- Decisional Balance exercise (+ / -)
- Elaboration ("say more")
- Looking forward / looking back
- Using extremes
- Explore personal values and goals



RESISTANCE

4 Types of Client Resistance

Miller & Rollnick, 1991

Arguing

Challenging, Discounting, Hostility

Interrupting

Talking over, Cutting off

Denying

**Blaming, Disagreeing, Excusing,
Claiming impunity, Minimizing Pessimism,
Reluctance, Unwillingness to change**

Ignoring

**Inattention, Nonanswer, No response,
Sidetracking**






Beware of Common Traps

- **Premature Focus Trap**
- **Confront/Denial Trap**
- **Labeling Trap**
- **Blaming Trap**
- **Question-Answer Trap**
- **Expert Trap**

Treatment *mis*matching

- Assume that the client is in ACTION
- Interpret AMBIVALENCE as denial
- Ignore BARRIERS to treatment
- Don't assess treatment READINESS
- Give MORE treatment than client wants
- Ignore client's treatment PREFERENCE

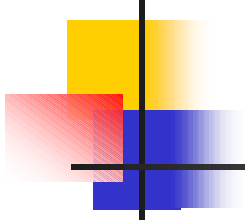
Matching Treatment and Readiness

- | | | |
|----------------------------|--|---|
| • Precontemplation: |  | • Increase awareness and raise doubt |
| • Contemplation: |  | • Tip the balance |
| • Preparation: |  | • Negotiate a plan |
| • Action: |  | • Assist behavior change through small steps |
| • Maintenance: |  | • Prevent relapse and help lifestyle change |

MI / MET General Principles

The clinician practices MET incorporating the Spirit, Principles and Strategies of Motivational Interviewing - Review:

- 1. Spirit - A Way of Being With Clients**
- 2. OARS**
- 3. REDS**
- 4. Adjust to client resistance rather than opposing it directly.**
- 5. Support self-efficacy and optimism.**

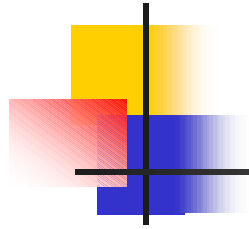


Avoid Argumentation

- Arguments are counterproductive
- Defending breeds defensiveness
- Resistance is a signal to change strategies
- Labeling is unnecessary

Handling Resistance

- **Ask for reaction to the feedback and advice**
 - **Explore client's understanding**
 - **Roll with resistance**
 - **Acknowledge disagreement**
 - **Admit limitations of assessment methods**
 - **Emphasize client responsibility and choice**
 - **Encourage contemplation**
 - **Move on**

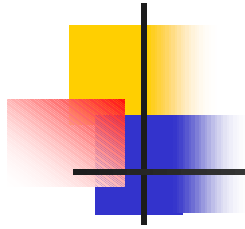


Responding to Resistance

- Reflective listening
- Emphasizing personal choice & control
- Shifting focus (e.g., "We're getting ahead of ourselves...")

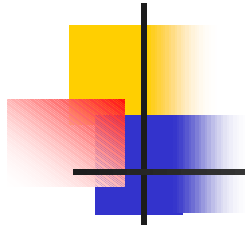
Other “Gentle” Strategies

- ◆ **Agree on a direction**
- ◆ **Assess readiness to change**
- ◆ **Readiness Ruler**
- ◆ **Description of typical day**
- ◆ **Provide info re: effects and risks of AOD use/abuse**



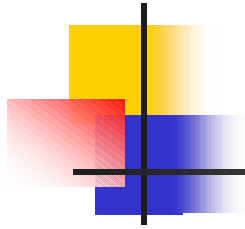
Developing your MI skills

- Workshops not sufficient for becoming proficient
- Research on training strategies
 - Peer supervision w/audio/video sessions



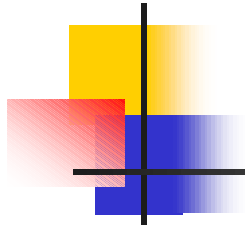
Resources

- Miller & Rollnick (1991) *Motivational Interviewing: Preparing People to Change* (Guilford)
- Miller & Rollnick (2002) (2nd ed)
- www.motivationalinterview.org
 - List of MI trainers, training events, training videos, & current bibliographies



Resources

- Burke, Arkowitz, & Dunn (2002). The efficacy of motivational interviewing and its adaptations: What we know so far. In W.R. Miller & S. Rollnick, *Motivational Interviewing: Preparing People to Change*, pp 217-250 (2nd ed).



Resources

- Miller, Wilbourne, & Hettema (2003). What works? A summary of alcohol treatment outcome research. In R.K. Hester & W.R. Miller (Eds.) *Handbook of alcoholism treatment approaches: Effective alternatives*, pp. 13-63 (3rd ed.).